## Child and Adult Food Program CNPWeb Access Form Please print or type

Institution Name:		Agreement Number:				
I attest that I have administrative understand and agree to the following of the second of the secon	lowing: ssword and all infouses my password tting I will notify to	ormation entered in I to submit inform The Child Nutrition The may result in	into CNPWe ation on CN Programs a Serious L	b. PWeb Deficienc	cy and may	
First name:	Middle initial:	Last name:	Last name:		Date:	
Signature:	Signature:		Title:			
Edit – may enter and ma The USOE must be notified if a CNP\  Print Full Name	Web authorized u	ser leaves emplo	yment in or		voke authorization.  FDCH Budget	
			-			
<ul> <li>I understand and agree to the follow</li> <li>I am responsible for my password</li> <li>I am liable for anyone that uses n</li> </ul> Signature:	d and all informati	bmit information				
Print Full Name		Applications	Clai	ms	FDCH Budget	
<ul> <li>I understand and agree to the follow</li> <li>I am responsible for my password</li> <li>I am liable for anyone that uses n</li> </ul>	d and all informati					
Signature:	Date:					

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## Child and Adult Food Program CNPWeb Access Form Please print or type

**Applications** 

**Claims** 

**FDCH Budget** 

**Print Full Name** 

<ul> <li>I understand and agree to the following:</li> <li>I am responsible for my password and all i</li> <li>I am liable for anyone that uses my passw</li> </ul>	-				
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Signature:	Dat	e:			
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I understand and agree to the following:  I am responsible for my password and all i  I am liable for anyone that uses my passw	information entered into CNI ord to submit information o	PWeb. n CNPWeb.	FDCH Budget		
I understand and agree to the following:  • I am responsible for my password and all i	information entered into CNI	PWeb. n CNPWeb.	FDCH Budget		
I understand and agree to the following:  • I am responsible for my password and all i  • I am liable for anyone that uses my passw	information entered into CNI ord to submit information o	PWeb. n CNPWeb.	FDCH Budget  FDCH Budget		

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Date:

• I am liable for anyone that uses my password to submit information on CNPWeb.

Signature:

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